

**APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE***(Read Privacy Act Statement and Instructions before completing form.)***PRIVACY ACT STATEMENT**


**AUTHORITY:** E.O. 9397, 31 U.S.C. §§ 3325, 3528, DoD Financial Management Regulation, Vol. 5, Chapter 33, and DoDD 7000.15, DoD Accountable Officials and Certifying Officers.

**PRINCIPAL PURPOSE(S):** To maintain a record of certifying and accountable officers' appointments, and termination of those appointments. The information will also be used for identification purposes associated with certification of documents and/or liability of public records and funds.

**ROUTINE USE(S):** The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the the Federal Reserve banks to verify authority of the accountable individual to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses published in the Federal Register.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information may preclude appointment.

**SECTION I - FROM: COMMANDER/APPOINTING AUTHORITY**

<b>1. NAME (First, Middle Initial, Last)</b>  FRANK S. PETTY	<b>2. TITLE</b>  CHEIF, RCO VICENZA	<b>3. DOD COMPONENT/ORGANIZATION</b>  USACA - USACCE
<b>4. DATE (YYYYMMDD)</b>  20050627	<b>5. SIGNATURE</b> 	

**SECTION II - TO: APPOINTEE**

<b>6. NAME (First, Middle Initial, Last)</b>  PAMELA RUNYON	<b>7. SSN</b>	<b>8. TITLE</b>  BUSINESS OPERATIONS MANAGER
<b>9. DOD COMPONENT/ORGANIZATION</b>  USACA - USACCE	<b>10. ADDRESS (Include ZIP Code)</b> REGIONAL CONTRACTING OFFICE, VICENZA UNIT 31401 BOX 33 APO, AE 09630	
<b>11. TELEPHONE NUMBER (Include Area Code)</b> +39 0444 713 926 DSN 634-3926	<b>12. EFFECTIVE DATE OF APPOINTMENT (YYYYMMDD)</b> 20050627	
<b>13. POSITION TO WHICH APPOINTED (X one)</b> <input checked="" type="checkbox"/> CERTIFYING OFFICER <input type="checkbox"/> ACCOUNTABLE OFFICIAL <input type="checkbox"/> OTHER (Specify)		

**14. YOU ARE HEREBY APPOINTED TO SERVE IN THE CAPACITY SHOWN ABOVE. YOUR RESPONSIBILITIES WILL INCLUDE:**


CERTIFY / APPROVE GOVERNMENT PURCHASE CARD (GPC) BILLING ACCOUNT SUMMARY, IN THE US BANK C.A.R.E. ON-LINE SYSTEM.

**15. YOU ARE ADVISED TO REVIEW AND ADHERE TO THE FOLLOWING REGULATION(S) NEEDED TO ADEQUATELY PERFORM THE DUTIES TO WHICH YOU HAVE BEEN ASSIGNED:**

DoDFMR, Vol. 5, chapter 33;

**SECTION III - ACKNOWLEDGEMENT OF APPOINTMENT**

I acknowledge and accept the position and responsibilities defined above. I understand that I am strictly liable to the United States for all public funds under my control. I have been counseled on my pecuniary liability and have been given written operating instructions. I certify that my official signature is shown in the box below.

<b>16. PRINTED NAME (First, Middle Initial, Last)</b>  PAMELA RUNYON	<b>17. SIGNATURE</b> 
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**SECTION IV - TERMINATION OF APPOINTMENT**

<input type="checkbox"/> The appointment of the individual named above is hereby revoked.		<b>18. EFFECTIVE DATE (YYYYMMDD)</b>	<b>19. APPOINTEE INITIALS</b>
<b>20. NAME OF COMMANDER/APPOINTING AUTHORITY</b>	<b>21. TITLE</b>	<b>22. SIGNATURE</b>	